CALUMET HOMESTEAD REHABILITATION CENTER

1712 MONROE STREET

NEW HOLSTEIN 53061 Ownershi p: Phone: (920) 898-4296 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): 101 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 101 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 93 Average Daily Census: 90 ********************* **********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	31. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	39. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 1	Under 65	3. 2	More Than 4 Years	29. 0
Day Services	No	Mental Illness (Org./Psy)	35. 5	65 - 74	7. 5		
Respite Care	Yes	Mental Illness (Other)	3. 2	75 - 84	24.7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	51.6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	12. 9	Full-Time Equivalen	t
Congregate Meals	No	Cancer	4. 3		[Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	1. 1		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	14.0	65 & 0ver	96. 8		
Transportati on	No	Cerebrovascul ar	20. 4	·		RNs	11. 1
Referral Service	No	Di abetes	2. 2	Sex	%	LPNs	3. 8
Other Services	Yes	Respiratory	2. 2		Ì	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	16. 1	Male	15. 1	Aides, & Orderlies	43. 4
Mentally Ill	No		i	Femal e	84. 9		
Provi de Day Programming for			100. 0		i		
Developmentally Disabled	No				100.0		
**********	****	*********	*****	*******	*****	*********	*****

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	3	100.0	315	61	91.0	106	0	0.0	0	22	95. 7	140	0	0.0	0	0	0.0	0	86	92. 5
Intermedi ate				6	9.0	87	0	0.0	0	1	4.3	127	0	0.0	0	0	0.0	0	7	7. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		67	100.0		0	0.0		23	100.0		0	0.0		0	0.0		93	100. 0

County: Calumet CALUMET HOMESTEAD REHABILITATION CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	tions, Services, a	nd Activities as of 12	/31/01
Deaths During Reporting Period					% Needi ng		Total
Percent Admissions from:		Activities of	%		% Needing ssistance of	% Totally	Number of
Private Home/No Home Health	16. 7	Daily Living (ADL)	Independent		or Two Staff	3	Resi dents
Private Home/With Home Health	6. 3	Bathi ng	0. 0	0110	20. 4	79. 6	93
Other Nursing Homes	10. 4	Dressing	9. 7		36. 6	53. 8	93
Acute Care Hospitals	58. 3	Transferring	18. 3		38. 7	43. 0	93
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	18. 3		30. 1	51. 6	93
Rehabilitation Hospitals	0. 0	Eating	39. 8		38. 7	21. 5	93
Other Locations	8. 3	*********	*********	******	*******	******	******
otal Number of Admissions	48	Continence		%	Special Treatmen	nts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	1. 1	Receiving Resp		4. 3
Private Home/No Home Health	9. 5	Occ/Freq. Incontinen		64. 5	Receiving Trac		0. 0
Private Home/With Home Health	16. 7	Occ/Freq. Incontinen		25. 8	Receiving Suct		2. 2
Other Nursing Homes	2. 4	,			Receiving Osto		1. 1
Acute Care Hospitals	14. 3	Mobility			Receiving Tube		1. 1
Psych. HospMR/DD Facilities	0. 0	Physically Restraine	d	0.0		nanically Altered Diets	23.7
Rehabilitation Hospitals	0. 0				8	, , , , , , , , , , , , , , , , , , ,	
Other Locations	7. 1	Skin Care			Other Resident (Characteri sti cs	
Deaths	50. 0	With Pressure Sores		7. 5	Have Advance I)i recti ves	87. 1
otal Number of Discharges		With Rashes		8. 6	Medi cati ons		
(Including Deaths)	42				Receiving Psyc	choactive Drugs	51.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		0wn	ershi p:	Bed	Si ze:	Li c	ensure:				
	Thi s	This Governm		100	- 199	Ski	lled	Al l			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occumency Data, Avenage Daily Congres/Licensed Dada	90 1	01 4	1 00	92.9	1 00	94.9	1 00	94.6	1 05		
Occupancy Rate: Average Daily Census/Licensed Beds	89. 1	81. 4	1. 09	83. 8	1.06	84. 3	1. 06	84. 6	1. 05		
Current Residents from In-County	68. 8	84. 1	0. 82	84. 9	0. 81	82. 7	0. 83	77. 0	0. 89		
Admissions from In-County, Still Residing	43. 8	32. 4	1. 35	21. 5	2. 04	21.6	2. 03	20. 8	2. 10		
Admissions/Average Daily Census	53. 3	64 . 0	0. 83	155. 8	0. 34	137. 9	0. 39	128. 9	0. 41		
Discharges/Average Daily Census	46. 7	66. 7	0. 70	156. 2	0. 30	139. 0	0. 34	130. 0	0. 36		
Discharges To Private Residence/Average Daily Census	12. 2	19. 2	0. 64	61. 3	0. 20	55. 2	0. 22	52. 8	0. 23		
Residents Receiving Skilled Care	92. 5	85. 0	1.09	93. 3	0. 99	91.8	1. 01	85 . 3	1. 08		
Residents Aged 65 and Older	96. 8	84. 3	1. 15	92. 7	1. 04	92. 5	1.05	87. 5	1. 11		
Title 19 (Medicaid) Funded Residents	72. 0	77. 7	0. 93	64. 8	1. 11	64. 3	1. 12	68. 7	1. 05		
Private Pay Funded Residents	24. 7	16. 8	1.47	23. 3	1.06	25. 6	0. 97	22. 0	1. 12		
Developmentally Disabled Residents	1. 1	3. 2	0. 33	0. 9	1. 22	1. 2	0. 91	7. 6	0. 14		
Mentally Ill Residents	38. 7	56. 2	0. 69	37. 7	1. 03	37. 4	1. 04	33. 8	1. 15		
General Medical Service Residents	16. 1	15. 4	1. 05	21. 3	0. 76	21. 2	0. 76	19. 4	0. 83		
Impaired ADL (Mean)	66. 5	49. 2	1. 35	49. 6	1. 34	49. 6	1. 34	49. 3	1. 35		
Psychological Problems	51. 6	65. 9	0. 78	53. 5	0. 96	54. 1	0. 95	51. 9	0. 99		
Nursing Care Required (Mean)	6. 0	7. 6	0. 80	6. 5	0. 93	6. 5	0. 93	7. 3	0. 82		